

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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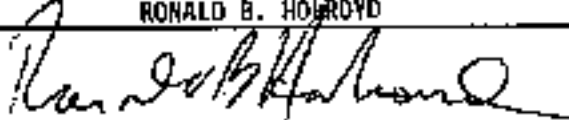
USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER CD0340364
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 50 BEALE STREET		
CITY, STATE and ZIP CODE SAN FRANCISCO, CA 94105-1805		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on 7NOV2000 in the State of CALIFORNIA

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10-01-00</u> through <u>11-25-00</u>		
6. (a) Cash on Hand January 1, <del>19</del> 2000			\$ 2,751.82
(b) Cash on Hand at Beginning of Reporting Period		\$ 11,203.14	
(c) Total Receipts (from Line 19)		\$ 1,777.00	\$ 10,277.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 12,980.14	\$ 13,028.82
7. Total Disbursements (from Line 30)		\$ 5,517.69	\$ 5,566.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 7,462.25	\$ 7,462.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9633 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer RONALD B. HOWROYD			
Signature of Treasurer 			Date 12-07-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD FROM 10-01-00 TO 11-25-00		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	320.00	3,770.00	11(a)(i)
ii. Unitemized	1,457.00	4,507.00	11(a)(ii)
iii. Total (add i and ii) >	1,777.00	8,277.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,777.00	8,277.00	11(c)
d. Total Contributions (add a ii, b and c) >			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		2,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	1,777.00	10,277.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1,777.00	10,277.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,500.00	5,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		5.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >		5.00	28(d)
29. Other Disbursements	17.89	61.57	29
30. Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28 d, and 29) >	5,517.89	5,566.57	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,517.89	5,566.57	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11 d)	1,777.00	8,277.00	32
33. Total Contribution Refunds (from line 28 d)		5.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,777.00	8,272.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE G. BODAXEN 18 TURTLE ROCK COURT TIBURON, CA 94920	BLUE SHIELD OF CALIFORNIA	10-05-00	\$25.00
	Occupation CHAIRMAN	10-19-00	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED		11-02-00	\$25.00
		Aggregate Year-to-Date >	\$ 550.00
PAUL M. SWENSON 131 LASALLE AVE PIEDMONT, CA 94611	BLUE SHIELD OF CALIFORNIA		0
	Occupation EXECUTIVE VICE PRESIDENT, CFO&F		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED			
		Aggregate Year-to-Date >	\$ 1,500.00
ALAN PUZARNE 4401 ELDER AVENUE SEAL BEACH, CA 90740	BLUE SHIELD OF CALIFORNIA	10-05-00	\$25.00
	Occupation SENIOR VICE PRESIDENT, CBU	10-19-00	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED		11-02-00	\$25.00
		Aggregate Year-to-Date >	\$ 550.00
PATRICIA BOONE 229 VIA PINADA LANE MARTINEZ, CA 94553	BLUE SHIELD OF CALIFORNIA		0
	Occupation SENIOR VICE PRESIDENT, HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED			
		Aggregate Year-to-Date >	\$ 500.00
RITCH K. EICH 17 LUPINE AVE SAN FRANCISCO, CA 94118	BLUE SHIELD OF CALIFORNIA		0
	Occupation DIRECTOR PUBLIC RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED			
		Aggregate Year-to-Date >	\$ 500.00
BONNIE BELAND 5036 PRINCESS ANNE LA CANADA, FLINTRIDGE, CA 91011	BLUE SHIELD OF CALIFORNIA	10-19-00	\$10.00
	Occupation VICE PRESIDENT PROVIDER SERVICES	11-02-00	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED			
		Aggregate Year-to-Date >	\$ 220.00
CARROLL CEDERBURG 9153 SHADY HOLLOW FAIR OAKS, CA 95628	BLUE SHIELD OF CALIFORNIA	10-19-00	\$10.00
	Occupation MEDICAL DIRECTOR NORTHERN, CA	11-02-00	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED			
		Aggregate Year-to-Date >	\$ 220.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>JAMES ENGLISH</b> 1707 PORT SHEFFIELD NEWPORT BEACH, CA 92660	<b>BLUE SHIELD OF CALIFORNIA</b>	10-19-00 11-02-00	\$10.00 \$10.00
	Occupation <b>VICE PRESIDENT SALES, FOR SOUTHERN CA</b> Aggregate Year-to-Date > \$ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>UNSPECIFIED</b>			
<b>PAMELA JOHNSON</b> 166 MADISON AVE SAN BRUNO, CA 94066	<b>BLUE SHIELD OF CALIFORNIA</b>	10-19-00 11-02-00	\$10.00 \$10.00
	Occupation <b>DIRECTOR HEALTH SERVICES BUSINESS</b> Aggregate Year-to-Date > \$ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>UNSPECIFIED</b>			
<b>JOHN SCHWERIN</b> 3113 RAINTREE CIRCLE CULVER CITY, CA 90230	<b>BLUE SHIELD OF CALIFORNIA</b>	10-19-00 11-02-00	\$10.00 \$10.00
	Occupation <b>DIRECTOR PROVIDER RELATIONS</b> Aggregate Year-to-Date > \$ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>UNSPECIFIED</b>			
<b>LARRY TALLMAN</b> 472 30TH STREET MANHATTAN BEACH, CA 90266	<b>BLUE SHIELD OF CALIFORNIA</b>	10-19-00 11-02-00	\$10.00 \$10.00
	Occupation <b>VICE PRESIDENT NATIONAL ACCOUNTS FOR CBW</b> Aggregate Year-to-Date > \$ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>UNSPECIFIED</b>			
<b>KENNETH WOOD</b> 240 HIGHLAND AVE SAN RAFAEL, CA 94901	<b>BLUE SHIELD OF CALIFORNIA</b>	11-02-00	\$50.00
	Occupation <b>EXECUTIVE VICE PRESIDENT, &amp; COO</b> Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>UNSPECIFIED</b>			
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	
<b>TOTAL This Period (last page this line number only)</b> .....	<b>\$320.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEINSTEIN 2000 10350 SANTA MONICA BLVD SUITE 250 LOS ANGELES, CA 90025	DIANNE FEINSEIN U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code CONGRESS WAXMAN CAMPAIGN COMMITTEE, 1 WELL POINT WAY THOUSAND OAKS, CA 91362	HENRY WAXMAN U.S. CONGRESS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-24-00	\$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

\$5,500.00

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page \_\_\_\_\_ of \_\_\_\_\_ for  
LINE NUMBER \_\_\_\_\_  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full)			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b>  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
List All Endorsers or Guarantors (if any) to Item B			
<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
SUBTOTALS This Period This Page (optional) ..... TOTALS This Period (last page in this line only) .....			
Carry outstanding balances only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

NAME OF COMMITTEE (IN FULL)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE
<p>A. Has loan been restructured?    <input type="checkbox"/> No    <input type="checkbox"/> Yes    If yes, date originally incurred: _____</p>			
<p>B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____</p>			
<p>C. Are other parties secondarily liable for the debt incurred?  <input type="checkbox"/> No    <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p>			
<p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  <input type="checkbox"/> No    <input type="checkbox"/> Yes    If yes, specify: _____          What is the value of this collateral? _____</p>			
<p>Does the lender have a perfected security interest in it?    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</p>			
<p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  <input type="checkbox"/> No    <input type="checkbox"/> Yes    If yes, specify: _____    What is the estimated value? _____</p>			
<p>A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____    Location of account: _____</p>			
<p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>			
G. COMMITTEE TREASURER			DATE
TYPED NAME		SIGNATURE	
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>1. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.</p>			
AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME		SIGNATURE	

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page \_\_\_\_ of \_\_\_\_ in  
LINE NUMBER \_\_\_\_  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<del>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</del>				
<del>Nature of Debt (Purpose):</del>				
<del>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</del>				
<del>Nature of Debt (Purpose):</del>				
<del>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</del>				
<del>Nature of Debt (Purpose):</del>				
<del>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</del>				
<del>Nature of Debt (Purpose):</del>				
<del>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</del>				
<del>Nature of Debt (Purpose):</del>				
<del>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</del>				
<del>Nature of Debt (Purpose):</del>				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				



**ITEMIZED INDEPENDENT EXPENDITURES**

(See Reverse Side for Instructions)

Name of Committee (in Full)					
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & Office sought	
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
				<input type="checkbox"/> Support	<input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures .....			\$ _____		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			\$ _____		
(c) TOTAL Independent Expenditures .....			\$ _____		

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

My Commission expires \_\_\_\_\_

NOTARY PUBLIC

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE F**

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

Page \_\_\_ of \_\_\_ for  
LINE NUMBER \_\_\_

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)														
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO														
If YES, name the designating committee:														
Full Name, Mailing Address and ZIP Code of Subordinate Committee														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Full Name, Mailing Address and ZIP Code of Each Payee</td> <td style="width:25%;">Name of Federal Candidate Supported, State, District &amp; Office Sought</td> <td style="width:20%;">Purpose of Expenditure</td> <td style="width:15%;">Date (month, day, year)</td> <td style="width:10%;">Amount</td> </tr> <tr> <td colspan="5" style="text-align:center;">Aggregate General Election Expenditure for this Candidate—\$</td> </tr> </table>					Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount	Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount										
Aggregate General Election Expenditure for this Candidate—\$														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Full Name, Mailing Address and ZIP Code of Each Payee</td> <td style="width:25%;">Name of Federal Candidate Supported, State, District &amp; Office Sought</td> <td style="width:20%;">Purpose of Expenditure</td> <td style="width:15%;">Date (month, day, year)</td> <td style="width:10%;">Amount</td> </tr> <tr> <td colspan="5" style="text-align:center;">Aggregate General Election Expenditure for this Candidate—\$</td> </tr> </table>					Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount	Aggregate General Election Expenditure for this Candidate—\$				
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Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount										
Aggregate General Election Expenditure for this Candidate—\$														
SUBTOTAL of Expenditures This Page (optional).....														
TOTAL This Period (Use page this line number only).....														

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE		
<b>NATIONAL PARTY COMMITTEES</b>		
FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT)		%
<input type="checkbox"/> PRESIDENTIAL YEAR (65%)		
<input type="checkbox"/> ALL OTHER YEARS (60%)		
<b>HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES</b>		
<input type="checkbox"/> MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT)		%
OR		
<input type="checkbox"/> FUNDS EXPENDED:		
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL		%
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL		%
ADJUSTMENTS TO FUNDS EXPENDED:		
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL		%
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL		
NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.		
<b>SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES</b>		
FUNDS EXPENDED:		
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL		%
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL		%
ADJUSTMENTS TO FUNDS EXPENDED:		
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL		%
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL		
<b>STATE AND LOCAL PARTY COMMITTEES</b>		
<b>BALLOT COMPOSITION</b>		
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:		
		NUMBER OF POINTS
1. PRESIDENT	<input type="checkbox"/> (1 POINT)	
2. U.S. SENATE	<input type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS	<input type="checkbox"/> (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	<input type="checkbox"/> (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	<input type="checkbox"/> (1 OR 2 POINTS)	
7. STATE SENATE	<input type="checkbox"/> (1 POINT)	
8. STATE REPRESENTATIVE	<input type="checkbox"/> (1 POINT)	
9. LOCAL CANDIDATES	<input type="checkbox"/> (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	<input type="checkbox"/> (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		
FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12		%

**ALLOCATION RATIOS**

NAME OF COMMITTEE

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

**RECEIPT SCHEDULE H3**  
(effective 1/1/91)

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE		TOTAL AMOUNT TRANSFERRED		
NAME OF ACCOUNT		DATE OF RECEIPT		\$
		BREAKDOWN OF TRANSFER RECEIVED		
		ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i)	Total Administrative/Voter Drive .....			
ii)	Direct Fundraising (List Events-Amount for Each)			
	a) _____			
	b) _____			
	c) _____			
	d) _____			
	e) Total Amount Transferred For Direct Fundraising .....			
iii)	Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
	a) _____			
	b) _____			
	c) _____			
	d) _____			
	e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....			
NAME OF ACCOUNT		DATE OF RECEIPT		\$
		BREAKDOWN OF TRANSFER RECEIVED		
		ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i)	Total Administrative/Voter Drive .....			
ii)	Direct Fundraising (List Events-Amount for Each)			
	a) _____			
	b) _____			
	c) _____			
	d) _____			
	e) Total Amount Transferred For Direct Fundraising .....			
iii)	Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
	a) _____			
	b) _____			
	c) _____			
	d) _____			
	e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....			
		TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED		
		ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE .....				
TOTAL THIS PERIOD .....				

**DISBURSEMENT SCHEDULE H4**  
(effective 1/1/91)

**JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE**

PAGE	OF
FOR LINE 21a	

NAME OF COMMITTEE						
A. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT						
EVENT YEAR-TO-DATE: \$		<input type="checkbox"/> DIRECT CANDIDATE SUPPORT				
B. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT						
EVENT YEAR-TO-DATE: \$		<input type="checkbox"/> DIRECT CANDIDATE SUPPORT				
C. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT						
EVENT YEAR-TO-DATE: \$		<input type="checkbox"/> DIRECT CANDIDATE SUPPORT				
D. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT						
EVENT YEAR-TO-DATE: \$		<input type="checkbox"/> DIRECT CANDIDATE SUPPORT				
E. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT						
EVENT YEAR-TO-DATE: \$		<input type="checkbox"/> DIRECT CANDIDATE SUPPORT				
F. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT						
EVENT YEAR-TO-DATE: \$		<input type="checkbox"/> DIRECT CANDIDATE SUPPORT				
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....						
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii) .....						
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....						

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-8-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ end/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jet</i> PREPARER	<i>12-8-00</i> DATE PREPARED